What We Know about Mental Tolling in the Workplace: A Literature Review

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Abstract: *The paper analyses literature and studies on the mental tolling phenomenon in the workplace, particularly as it applies to BPO industry. The insights gained can help manager and supervisor to do better in managing the phenomenon effectively and in their respective workplace context.*

Keywords: Menta Tolling, Mental Health, BPO, Supervisor

This paper presents a comprehensive review of current global and local literature and studies to provide an understanding of what we know about mental tolling in the workplace. The presentations of the insights from the readings are presented using thematic approach. The identified and unifying themes are presented one after another and then a synthesis is made that provide the grounds to launch this specific study, and its justification.

After reading through voluminous literature and studies about mental tolling, it has come to my attention and interest as a researcher of how mental health in the workplaces is important and how it is affecting the employees. This critical review of literature and study utilizes a thematic approach, using the relevant issues that emerged as the main themes for discussion.

There are 7 themes that emerged from this critical review highlighting 12 publications. I have identified 7 themes that help explain what we know about mental tolling or mental health and the various issues involved: There are a lot of stigmas around the issue of mental health in the workplace; There is a wide range of mental health models developed to increase the knowledge and better understanding of mental health in the workplace; There is an overlap between clinical mental health and occupational mental health in the workplace; There are complex elements in the workplace that can lead to mental tolling; There are effects of mental tolling on job burnout in different phases in the workplace; There are existing mental health practices that can help mitigate mental tolling in the workplace and There is financial negative impact in the workplace arising from mental tolling.

There are a lot of stigmas around the issue of mental health in the workplace

This first theme is there are a lot of stigmas around the issue of mental health in the workplace. According to Ocon (2017), people are being pushed to a nervous breakdown or even death if they confess that they are struggling mental health at work.

Another example of stigmatization that has been highlighted by Malachowski, (2015) and Ocon (2017) that it is common to ask for a day off when one is not feeling well but only few individuals would seek to submit a leave of absence for mental health reasons.

Stigmatization has resulted in a workplace lack of culture of openness about mental health because of fear of being considered weak (Ocon, 2017). Stigmatization is also felt in areas such as lack of literature that addresses the coordination of workplace mental health from the standpoint of the worker (Malachowski, 2015).

Overall, stigmatization is present in the workplace by the fact that the assumption is mental health problems often only develop outside of the workplace and are not the responsibility of the employer (Malachowski, 2015; Memish, Martin, Bartlett, Dawkins & Sanderson, 2017).

There is a wide range of mental health models developed to increase the knowledge and better understanding of mental health in the workplace

This second theme is there is wide range of workplace models developed to increase the knowledge and better understanding of mental health in the workplace. Malachowski (2015), cite mental health model that demonstrate the relationship between job characteristics, psychological processes, and subjective perceptions of stressors which is the stress model.

Another mental health model is the effort-reward imbalance model; this model provides insights into the psychological occupational environment resulting to the worker's long-term mental health and wellbeing (Malachowski, 2015). This model explains that with high effort but low on reward does impact the high risk of poor health and employee's personality factor such as showing depressive symptoms that can affect work outcomes (Malachowski, 2015).

The other mental health model is the demand-control model which is the most influential model for psychological work environment as it relates to stress and health outcomes in the workplace (Malachowski, 2015).

Although there are more developing comprehensive and inclusive models for work and mental health, the newer models share commonalities of incorporating holistic perspective of work and wellbeing wherein the focus is changed from the perspective directed on the workers to considering how mental health can positively affect the workplace (Malachowski, 2015).

However, given that there is a wide range of mental health models in the workplace by Malachowski (2015), there are still limitations to research on an organizational culture or setting as a factor with mental health.

There is an overlap between clinical mental health and occupational mental health in the workplace

This third theme is there is an overlap between clinical mental health and occupational mental health in the workplace. The differences in professional and theoretical backgrounds have contributed to the gap between traditional mental health workers, who treat individuals with diagnosed mental illness, and those in the employment sector, who have tended to consider occupational health in terms of stress and burnout (Bender & Kennedy, 2004).

It is the contention that there is much greater overlap between stress disorders and psychiatric disorders than is generally recognized and that the first level of intervention (Bender & Kennedy, 2004). Initially psychology was linked more with pathology, mental illness and disorders although such perspectives also led to an understanding of negative aspects of human behavior like depression, antisocial personality, neuroses and psychoses in the workplace (Sahai & Mahapatra, 2020).

Other study shows the impact of mental illness in the workplace have been the subject of a growing number of publications in the psychiatric literature that it has captured the attention of employers, insurers and healthcare providers and remains a substantial burden, with the respect to depression, there has been several reports on the importance of treatment until remission of all symptoms are achieved, both in preventing relapses and increasing the likelihood of successful reintegration into the workplace (Bender & Kennedy, 2004).

Although there is still an overlap between these two frames of reference, it remains to be clarified that these entities have been consistently linked to impaired work capacity in the form of decreased productivity, absenteeism and disability (Bender & Kennedy, 2004).

There are complex elements in the workplace that can lead to mental tolling

This fourth theme is there are complex elements in the workplace that can lead to mental tolling. The complex elements include facing high customer expectations, pressure to meet company standards, conflicting demands of the company, managers with their leadership style, continuous night shifts, excessive workload and extended working hours all of these can lead to mental tolling (Gumasing & Ilagan, 2019).

When these elements reach mental tolling level, they can have a significant negative effect on job performance in terms of absenteeism, stress level, productivity, job satisfaction and health employees in the workplace, high turnover rate, absenteeism and change in attitude and work withdrawals (Cruzat, 2014; Gumasing & Ilagan, 2019; Sahni, 2020).

If mental tolling is not managed properly, it can increase risk for developing both clinical and sub-clinical disorders, including, depression, anxiety, burnout, distress, PTSD, suicidal ideas, sleep disorders, and drugs and alcohol addiction especially among BPO employees and frontliners (De los Santos & Labrague, 2020; Giorgi, Lecca, Alessio, Finstad, Bondanini, Lulli, Arcangeli & Mucci, 2020; Memish, Martin, Bartlett, Dawkins & Sanderson, 2017).

There are effects of mental tolling on job burn out in different phases in the workplace

This fifth theme there is effects of mental tolling on job burnout in different phases in the workplace. According to Montalbo (2016), the three phase of job burnout includes exhaustion, cynicism, and reduced professional efficacy that a person experience in relation to their work.

The first phase is exhaustion, it is most important and the first response to develop extreme tiredness or lack of energy and a feeling of being drained of emotional resources to cope with continuing demands (Montalbo, 2016).

The second phase is depersonalization or cynicism, cynicism is the cognitive dimension of burnout that refers to a negative attitude toward one's work; co-workers and the recipients of one's work that may be best described as dysfunctional disengagement and a gradual loss of concern while depersonalization is to protect the employee from further emotional depletion that can serve as a coping response, this form of coping has serious implications for a company that makes use of service workers to provide their services because they tend to be less responsive to the needs of their customers (Montalbo, 2016).

In the final phase of burnout, is reduced personal accomplishment or low professional efficacy, the employees compare their current levels of competence with their previous levels of competence before emotional exhaustion and depersonalization had set in (Montalbo, 2016). In this self-evaluation, they see that they are not as competent and efficient as they used to be and feelings of incompetence, lack of achievement and lower productivity follow (Montalbo, 2016).

There are existing mental health practices that can help mitigate mental tolling in the workplace

This sixth theme is there are existing mental healths practices that can help mitigate mental tolling in the workplace. Memish, Martin, Bartlett, Dawkins and Sanderson (2017) have identified three preventions can help mitigate mental health in the workplace.

The primary prevention of workplace mental health problems aims to reduce the incidence of mental health problems by modifying or removing potential risk factors at their source (Memish et, al.2017).

Secondary prevention is worker-directed and aims to provide employees identified as 'at risk' with the appropriate skills to cope in stressful conditions and the tertiary prevention involves treating employees already affected by a mental health condition which includes rehabilitation and supporting the employee's return to work (Memish et, al.2017).

It has been found that the most effective prevention is the primary when implemented alongside the secondary and tertiary preventions. When interventions target both the individual employee and organizational level factors this aims to reduce the incidence of mental health problems through modifying or removing potential risks at the source (Memish et, al.2017). It indicated that favorable workplace conditions have a positive effect on the mental health outcomes of employees, both facilitating the recovery from mental illness as well as enhancing mental well-being (Memish et, al.2017).

Although early employee assistance program can be effective, for an intervention to be truly preventative it needs to modify and minimize risk factors related to the nature of work in order to promote positive and protective factors within the workplace, and to manage illness, regardless of cause (Memish et, al.2017). Thus, primary, secondary, and tertiary approaches must target both the individual employee, as well as organizational-level factors (Memish et, al.2017).

Furthermore, secondary mental health care in the workplace has been found to be both feasible and accepted by employees and reduces the burden of mental health conditions on standard outpatient settings. The growing recognition of work-related mental health problems contributed to the increasing number of interventions developed to prevent, detect, and manage depression and anxiety within the workplace (Memish et, al.2017).

In another study, there is stress management practice that can help mitigate mental tolling such as counselling which can be helpful in reducing stress and increasing the occupational health of employees (Sahni, 2020).

Another practice found effective in various experiments and research finding is mindfulness, it is a state of mind and a mental training that allows a person to be highly aware about the present without getting emotionally involved and reacting through meditation (Sahni, 2020).

Lastly, some study shows that the practice of identifying the different types of well-being in the workplace can also help mitigate mental tolling in the workplace and to increase job performance (Abun, Magallanes, Forondac & Encarnacion 2020; Sahai & Mahapatra, 2020).

First is the emotional well-being which is an ability to practice stress-management methods, resilience and generates positive emotions like enthusiasm, joy, elation (Sahai & Mahapatra, 2020).

Second is physical well-being which is seen in the form of functioning of body through healthy eating and good exercise habits (Sahai & Mahapatra, 2020).

Third is social well-being which is an ability to communicate, harnessing meaningful relationships and maintaining a positive support network (Sahai & Mahapatra, 2020).

Fourth is workplace well-being which is the power to pursue interests, passion, and purpose at the work place (Sahai & Mahapatra, 2020). Fifth is societal well-being which is active participation in a thriving community, culture, and environment (Sahai & Mahapatra, 2020).

There is financial negative impact in the workplace arising from mental tolling

This seventh theme is there is financial negative impact in the workplace arising from mental tolling. According to Hechanova, Caringal-Go, and Felice (2018), investing in mental health in the workplace is good for the business however many organizations do not realize this and tend to see it as added cost.

Financial negative impact in the workplace can be reduce through a strong HR practice that build on one program rather than creating and running separate programs and initiatives to address mental health in the workplaces because this would help reduce the cost and give importance to the matter (Hechanova et, al.2018).

Investing in preventing mental tolling can help improve productivity in the workplace because adding salary and benefits is no longer a single solution to achieve such purpose (Abun et, al.2020). It is important to give attention to and invest in mental health programs because if the employee's mental health is not taken care of, that can end up costing the company negative financial impact due to low productivity, absences, and high turnover (Abun et, al.2020).

Synthesis

The themes that have been identified from voluminous literature and studies about mental tolling and mental health in the workplace focus on the following, first, is there are still a lot of stigmas around mental health when talking it about in the workplace. Second is there is a wide range of mental health models developed to increase the knowledge and better understanding of mental health in the workplace. Third is the overlap between clinical mental health and occupational mental health in the workplace. Forth is there are complex elements in the

workplace that can lead to mental tolling. Fifth are the effects of mental tolling on job burnout in different phases in the workplace. Sixth is the existing mental health practices that can help mitigate mental tolling in the workplace and the seventh is the financial negative impact in the workplace arising from mental tolling.

Recommendation base on the insights gained

The following are the recommendations for human resource managers and supervisors in the workplace particularly the BPO industry based on the insights gained from the review of literature and studies on mental tolling in the workplace.

1. Managers and supervisors need to be aware of stigmas around the issue of mental health in the workplace and confront them appropriately.
2. Managers and supervisors must consider a range of mental health models to develop and better understand of mental health in the workplace.
3. Managers and supervisors need to be conscious about the complex elements in their workplace that can lead to mental tolling and find ways address them effectively.
4. Managers and supervisors need to know that that there are existing effective mental health practices that can help mitigate mental tolling in their workplace and they need to find ways to implement such practices.
5. Managers and supervisors must appreciate the value of investing in mental tolling prevention to reduce financial negative impacts on the workplace.

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